

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020172

FILED
Apr 26, 2004
Secretary of State

Entity Name: REVERSE EXCHANGE PROFESSIONALS GAMMA, LLC

Current Principal Place of Business:

4700 N TAMIAMI TR
SUITE 1
NAPLES, FL 34103

New Principal Place of Business:

4700 N TAMIAMI TR N
SUITE 6
NAPLES, FL 34103

Current Mailing Address:

4700 N TAMIAMI TR
SUITE 1
NAPLES, FL 34103

New Mailing Address:

P.O. BOX 770850
NAPLES, FL 34107

FEI Number: 02-0656147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, BETTYE J CPA
4700 N TAMIAMI TR
SUITE 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

1031 ACCOMODATORS LLC
4700 N TAMIAMI TRAIL N.
SUITE #6
NAPLES, FL 34103 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK E. NICHOLS

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FLORIDA REALESTATE E, XCHANGE CONNEC T ION INC
Address: 4700 N TAMIAMI TR SUITE 1
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: 1031 ACCOMODATORS,
Address: 4700 N TAMIAMI TR SUITE 6
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK E. NICHOLS

MGR

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date